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[Translation.]

The success of the open-air treatment of consumption.

[Extract from a report by Dr. Englemann of the imperial health office.]

The surprisingly successful results of the open-air treatment of consumptive patients gave the impetus to the erection of a large number of establishments in Germany for the cure of the dread disease. According to statistics published by the imperial health office at Berlin, there existed in the German Empire at the end of the year 1899, 49 institutions for the cure of consumption, with 4,000 beds in use. In the spring of 1901, their number had increased to 60, with 5,000 beds. The observations, for the most part, relate to the patients discharged during the period from the beginning of 1899 to the middle of 1900. Of the 6,273 patients treated, 227 were admitted twice, 3 three times, and 1 four times. Of this number, 5,059 were male patients (80.6 per cent) and 1,214 were females (19.4 per cent).

Age of the patients.

The following figures regarding age were obtained in the case of 6,210 persons: Less than 15 years, 19 or 0.3 per cent; 15 to 20 years, 693 or 11.2 per cent; 20 to 30 years, 2,793 or 45 per cent; 30 to 40 years, 1,794 or 28.9 per cent; 40 to 50 years, 740 or 11.9 per cent; 50 to 60 years, 165 or 2.7 per cent; above 60 years, 6 or 0.1 per cent.

Social condition of the patients.

Data were collected respecting the previous conditions of life in 4,844 cases. With 2,721 or 56.2 per cent the social conditions were designated as favorable, in 1,536 cases or 31.7 per cent they were moderately good, and 587 or 12.1 per cent were described as bad. Of the latter, 212 patients were found to have been poorly housed and insufficiently nourished. In 22 cases drunkenness was alleged to have been the cause of the bad conditions of the homes.

Influence of occupation.

In 1,095 cases, or more than the half of the 2,161 persons to be taken into consideration, the origin of the disease was alleged to be due to the continuous inhalation of dust involved by their employment, as follows: Four hundred and thirty-one cases from the effect of "dust" without more exact designation; 182 cases from the effect of metal dust; 129 cases from the effect of stone, coal, or glass dust; 116 cases from the effect of wood dust; 111 cases from the effect of wool dust; 126 cases from the effect of various kinds of dust.

Employment in smoky workshops and rooms filled with chemical gases had an injurious effect upon 81 persons. In 253 cases the disease was ascribed to a sedentary occupation connected with the keeping of the body in a bent position and living in damp rooms; 313 cases were the result of general weakening incidents, such as heavy night work with insufficient nourishment, irregular manner of living (with commercial travelers, etc.), excesses, former injuries sustained in accidents, complications at childbirth, etc.; 236 persons contracted the disease in their occupation as stokers, bakers, and cooks, owing to exposure to sudden changes of temperature, etc. In 12 cases the disease originated by infection in institutions and hospitals for consumptives or through

other professional intercourse with tuberculous patients. Finally, in 171 cases the origin of the disease was traced to employment in mines and quarries.

Heredity.

Of the many indefinite answers received to the question regarding the hereditary affliction, only those are taken into account from which it appeared with certainty that the grandparents, parents, or brothers and sisters of the respective patients had suffered, or were still suffering, with consumption. It was ascertained that out of the 6,273 patients treated, 2,177, equal to 34.7 per cent, were directly infected, or had become tuberculous, by infection in the family.

Duration of the disease before admission to an institution.

Information respecting the beginning of the disease was obtained in the case of 5,984 patients. The following table indicates the length of time the various patients had been suffering with consumption before being treated at the institutions: Less than 1 year, 2,984 or 49.9 per cent; between 1 and 2 years, 1,075 or 18 per cent; between 2 and 3 years, 646 or 10.8 per cent; between 3 and 4 years, 369 or 6.2 per cent; between 4 and 5 years, 247 or 4.1 per cent; between 5 and 6 years, 159 or 2.7 per cent; between 6 and 7 years, 113 or 1.9 per cent; between 7 and 8 years, 81 or 1.4 per cent; between 8 and 9 years, 64 or 1.1 per cent; between 9 and 10 years, 56 or .9 per cent; between 10 and 15 years, 118 or 2 per cent; longer than 15 years, 72 or 1.2 per cent.

In almost half of the cases, therefore, the patients had been sick for less than a year when applying for admission to the institutions.

Duration of treatment.

The 6,257 patients concerning whom information was obtained in this respect, were under treatment altogether during 577,915 days or an average of 92.4 days for each patient.

As will be seen from the following table the sojourn of the patients in Dannenfels, St. Blasien, Grabowsee, Reiboldsgrün, Harlaching, and Albertsberg was of especially long duration. On the average the shortest stay of patients was at Schömberg and the open-air institutions:

Name of institution.	Average duration of treatment in days.	Name of institution.	Average duration of treatment in days.
Loslau	90.5	Altenbrak	81
Weicker Institution	82.8	Sophien Institute	84.3
Brehmer Institution	97.1	Ruppertsheim	89.9
Albertsberg	100.9	Dannenfels	202.6
Reiboldsgrün	119.8	Schömberg	72.1
Grabowsee	135.9	St. Blasien	149.6
Vogelsang	89.7	Harlaching	114.3
Königsberg	80.7	Planegg	95.2
Stiege	84.2	Kurorte	77.1
Oderberg	83.3	Various institutes	89.1
Glückauf	88.7	On an average	92.4
Sülzhayn	89.1		

The success of the treatment in general.

Concerning the capacity of the patients discharged to earn a livelihood, data were furnished in 6,108 cases. Of each 100 of these patients discharged, 67.3 were perfectly fitted to pursue their former vocation;

7.1 were quite able to earn a living in a different profession; 14.6 were partly able to earn a living, and 11 were unfitted to work.

Data as to the final results of the treatment were furnished in 6,225 cases. Of each 100 of these patients treated, 87.7 were discharged as cured or improved in health, as against 84.6 in the last report.

The results of the open-air treatment, as indicated in the present report, were, therefore, considerably more favorable than formerly. This gratifying circumstance was for the most part due to a more careful selection of cases suitable for treatment in the institutions.

HAWAIIAN ISLANDS.

Outgoing quarantine reestablished on account of plague.

HONOLULU, H. I., November 14, 1901.

SIR: On account of a second case of plague having occurred here from a new focus within the week, and believing the conditions are such as to warrant this action, I have, subject to your approval, begun the certification of passengers, crews, vessels, and freight bound for ports on the Pacific Coast.

Pending certain alterations, now begun on the wharves here, which were suggested by this office with a view to making them rat proof, I am not giving certificates to any steamers that do not use the channel wharf. As the use of the latter wharf is not inconvenient to the steamers, and as our plant and organization there are now in easy running order, we can handle a large amount of traffic with comparative ease. For the present I am certifying first and second cabin passengers on proof of residence away from infected foci and on double inspection before departure. For the present I am not requiring the disinfection of their baggage. On the other hand I have declined to certify to steerage passengers during the present conditions unless they can be held under observation for nine days prior to departure, show absence of elevated temperature on that day, and have their baggage disinfected. It so happens that the only steamer leaving here for nearly two weeks, which can take passengers from here, has no room for steerage passengers so certification will be confined to first and second cabin. I do not restrict the companies from carrying steerage passengers, only I decline to certify to them without detention, as I believe it to be unsafe for the present. In regard to sailing vessels, pending the alterations in the wharves here, I decline to certify to the vessel unless she is kept off from the wharf 6 feet and uses rat funnels, this precaution being made sure of by daily inspections of the water-front and a record of all vessels and their conduct, in this regard, being kept in this office. All crews must have their baggage disinfected and must be free from temperature rise on sailing day. If the vessel can be classed as clean she may be considered reasonably safe if she arrives at the coast points with all hands well, as none of them can make the voyage within the incubation of the disease. Household effects, rags, scrap iron, hides, other doubtful freight, and small animals will be barred. Restrictions here will not be made by set rule, but will be varied according to circumstances, this office to be governed at all times by the sense of Bureau letter (JHW., WPW., and EBS.) of June 19, 1901.

Respectfully,

L. E. COFER,
*Passed Assistant Surgeon, U. S. M. H. S.,
Chief Quarantine Officer, Hawaiian Islands.*

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.